

HOUSE BILL REPORT

E2SSB 6459

As Passed House:

March 2, 2006

Title: An act relating to community-based health care solutions.

Brief Description: Supporting community-based health care solutions.

Sponsors: By Senate Committee on Ways & Means (originally sponsored by Senators Keiser, Brandland, Thibaudeau, Spanel, Rasmussen, Kline, Parlette and Kohl-Welles).

Brief History:

Committee Activity:

Health Care: 2/21/06 [DP];
Appropriations: 2/23/06, 2/27/06 [DP].

Floor Activity:

Passed House: 3/2/06, 96-2.

Brief Summary of Engrossed Second Substitute Bill

- The Community Health Care Collaborative Grant Program is established to further the efforts of community-based organizations to increase access to health care for state residents, particularly those who are employed, but uninsured or under insured.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass. Signed by 15 members: Representatives Cody, Chair; Campbell, Vice Chair; Morrell, Vice Chair; Hinkle, Ranking Minority Member; Curtis, Assistant Ranking Minority Member; Alexander, Appleton, Bailey, Clibborn, Condotta, Green, Lantz, Moeller, Schual-Berke and Skinner.

Staff: Dave Knutson (786-7146).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass. Signed by 24 members: Representatives Fromhold, Vice Chair; Alexander, Ranking Minority Member; Anderson, Assistant Ranking Minority Member; McDonald, Assistant Ranking Minority Member; Armstrong, Bailey, Cody, Darneille, Dunshee, Grant, Haigh, Hinkle, Hunter, Kagi, Kenney, Kessler, Linville, McDermott, McIntire, Miloscia, Pearson, Priest, Schual-Berke and P. Sullivan.

Minority Report: Do not pass. Signed by 5 members: Representatives Buri, Chandler, Clements, Talcott and Walsh.

Staff: David Pringle (786-7310).

Background:

Although community-based organizations focused on health care access have existed in this state for some time, in recent years they have become more active, reflecting growing concerns about the cost of care, the increased number of uninsured, and its impact on their communities. The organizations differ in size and scope, and in their approach to the problem, but typically involve a variety of community members, including businesses, health care providers, and government agencies. Services provided include assisting persons in accessing insurance, directly accessing and coordinating treatment, and pursuing improvements in the health care delivery system.

Some of these organizations in Washington had been funded in part by the Healthy Communities Access Program, an initiative of the federal Department of Health and Human Services which was recently discontinued.

Summary of Bill:

The Community Health Care Collaborative Grant Program (grant program) is established to further the efforts of community-based organizations to increase access to health care for state residents, particularly those who are employed, but uninsured or under insured.

The Administrator of the Health Care Authority, in consultation with other relevant state agency heads, will award grants of up to \$500,000 to nonprofit organizations serving a defined substate region. The grants will be awarded on a competitive basis based on a determination of which applicants will best serve the purposes of the grant program. In making this determination, consideration must be given to specific criteria enumerated in the bill, including the capacity of an organization and its likelihood of success, the extent to which the application reflects formal collaboration among key community members, and the potential for programs proven successful to be duplicated around the state.

Grants may be awarded only to those organizations providing at least \$2 in matching funds for each grant dollar awarded. One-half the total amount of any award will be disbursed to an organization upon its selection as a grant recipient. The remaining half will be disbursed one year later only upon a showing that the organization is satisfactorily serving the purposes of the grant program and meeting the objectives identified in its application.

By July 1, 2008, the Administrator will provide the Governor and the Legislature with an evaluation of the grant program, highlighting particularly successful programs and including recommendations from the participating organizations on what the state should do to further support community-based health care access efforts.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill takes effect 90 days after adjournment of session in which bill is passed.

Testimony For: (Health Care) Community organizations that provide this service to the uninsured recently lost their funding. State funds should be made available to replace these lost federal funds.

Testimony For: (Appropriations) This program will support existing "community connects" programs that are losing their funding. We have been looking for answers to health care, and this is one part of that answer. The matching element of the program makes this a great deal. One example of the programs that receive funding is one that diverts patients away from emergency rooms in Thurston County, and into primary care settings. Whatcom alliance for health care access has sought solutions in the community that work for the community, like finding better ways to deal with monitoring patients with chronic conditions. These programs are out doing the work, and 28 of the 39 counties in the state are involved in the community connects program.

Testimony Against: (Health Care) None.

Testimony Against: (Appropriations) None.

Persons Testifying: (Health Care) Senator Keiser, prime sponsor; Senator Brandland; Dr. Sam Selinger, Communities Connect and Spokane Project Access; and Kristen West, Choice Regional Health Network.

Persons Testifying: (Appropriations) Senator Bradland; and Holly Detzler, Communities Connect.

Persons Signed In To Testify But Not Testifying: (Health Care) None.

Persons Signed In To Testify But Not Testifying: (Appropriations) None.